



COMMUNITY WORK EXPERIENCE PROGRAM (CWEP) - JOB REQUEST

State Form 46518 (R / 9-97) / IMP 0001

Requested by:				Date (month, day, year)			
Name of agency			Location:				
Contact person				Contact telephone number			
Position requested:				Date needed			
Hours needed per week:				Please check: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both			
Job duties (be specific):							
If participant is required to lift, hold, or move:							
Number of pounds				With intermittent rest?			
Times per day				Is help available?			
Please check the appropriate frequency of each activity below:							
Activity	Frequency			Activity	Frequency		
	Often	Seldom	Never		Often	Seldom	Never
BENDING				WORKING ON / NEAR MOVING MACHINERY			
STOOPING				DRIVING AUTOS, TRUCKS, OR EQUIPMENT			
REACHING ABOVE SHOULDER LEVEL				OPERATING CUTTING TOOLS			
WORKING IN DUST, FUMES, GASES OR IRRITANTS				WORKING WITH HEAVY EQUIPMENT OR TOOLS			
PUSHING OR PULLING 10+ POUNDS				STANDING OR WALKING			
CLIMBING LADDERS OR OTHERWISE ELEVATED TWO OR MORE FEET				WORKING WITH CHEMICALS			
WORKING WITHIN 10 FEET OF A ROADWAY OR RAILWAY				WORKING IN / WITH EXTREME TEMPERATURES			
REPETITIVE HAND, FINGER, OR WRIST MOVEMENTS				RIDING IN TRANSPORTATION VEHICLES			
Signature of requestor			Date (month, day, year)		Signature of approval of Local Office Director		